

Original article

Stress in parents of children with developmental disabilities

**Andrijana Bakoč,
Olivera Kalajdžić,
Ranka Perućica, Ivana Zečević**

University of East Sarajevo,
Faculty of Medicine Foča,
Republic of Srpska,
Bosnia and Herzegovina

Primljen – Received: 13/06/2024
Prihvaćen – Accepted: 25/12/2024

Corresponding author:
Andrijana Bakoč, Assist. Professor
Studentska 5, 73300 Foča
e-mail: andrijana.bakoc@ues.rs.ba

Copyright: ©2024 Andrijana Bakoč et al.
This is an Open Access article distributed
under the terms of the Creative Commons
Attribution 4.0 International (CC BY 4.0)
license.

Summary

Introduction. The birth of a child with developmental disabilities changes the life of a family, placing before it additional obligations, greater responsibility and facing numerous challenges that can lead to an increase in parental stress. The aim of this research is to examine the level of stress in parents of children with developmental disabilities and determine the difference in stress intensity in relation to individual characteristics of parents (sex, age, educational and work status) and children (type of disability).

Method. The sample consisted of 122 respondents, active members of the association of parents of children with developmental disabilities from Eastern Herzegovina and the Sarajevo-Romania region. In the sample, a higher percentage was female respondents (78.72%), while the average age of the respondents was 46.97 years (SD = 12.04). For the purpose of data collection, a sociodemographic guide and the Stress Symptoms Scale –16 were used.

Results. The subjects of our sample tended to experience a relatively low level of stress (Mdn = 26.5). There were no statistically significant differences in the stress intensity of parents of children with developmental disabilities in relation to sex, age, work, and education status of the respondents. On the other hand, the statistically significant difference was found in the level of stress manifestation in relation to the type of child's disability ($p = 0.01$), whereby parents of children with multiple disabilities experienced the greatest stress, and parents of children with chronic diseases and physical disabilities experienced the least stress.

Conclusion. The results indicate the importance of studying this issue in future research in order to empower the families of children with developmental disabilities and reduce parental stress.

Keywords: parents, stress, children with developmental disabilities

Introduction

Stress is an inevitable factor in every individual's life, particularly in today's era characterized by significant changes, challenges, and a fast-paced lifestyle. One definition of stress is that it is a negative emotional experience accompanied by predictable physiological, cognitive, and behavioral changes leading to alterations in the perception of a stressful situation and the ability to cope with it [1].

Parental stress is defined as the stress parents experience not only due to raising a child, but also because of social and environmental circumstances, responsibilities, and the demands of daily life [2]. Furthermore, parental stress can be described as stress that arises when the parents' perception of the demands of parenting exceeds their resources to cope with them [3].

The family is considered an irreplaceable environment in which a child is shaped into a person, allowing him/her to meet the most important needs. The birth of the child with developmental disabilities changes the life of the family, imposing additional obligations, greater responsibilities, and the need to face numerous challenges. As a result, for most parents, raising the child with developmental disabilities can be extremely stressful.

In this regard, it is not surprising that research findings show that parents of children with developmental disabilities experience high levels of stress [1, 4, 5, 6, 7], particularly when this stress is compared to the levels experienced by parents of typically developing children [8, 9, 10, 11, 12, 13, 14].

In addition to its adverse effects on parents' ability to care for their child, stress also negatively impacts parents' mental and physical health, as well as the quality of the parent-child relationship [16]. Comprehensive reviews of studies analyzing the impact of chronic stress on health outcomes for parents of children with developmental disabilities reveal that stress has a negative effect on parents' health, particularly in mothers [16]. Research by other authors also indicates that stress can affect the quality of the parent-child relationship and has a detrimental impact on parents' psychological well-being [17, 18, 19].

The sources of stress are varied. One significant source is the caregiving itself, as most children with developmental disabilities require assistance with basic daily activities such as feeding, toileting, bathing, and similar tasks. The increased supervision needed requires more time and patience, which can be stressful

and frustrating for parents [20, 21]. Furthermore, sources of stress also include dealing with social stigmatization and additional financial burdens [21, 22, 23, 24].

Parental stress can also be linked to the degree of disability in the child, particularly when it comes to challenging behaviors, as these children require constant supervision, thus depriving parents of the time needed for their daily activities [25]. The literature shows higher levels of parental stress among parents of children with autism spectrum disorder [27, 28, 29] and parents of children with attention deficit hyperactivity disorder (ADHD) [14, 29].

In addition to these factors, authors suggest that parental stress levels are also influenced by certain characteristics of the parents, such as socioeconomic status, level of education, age, sex, and others [1, 30, 31].

When it comes to research findings regarding differences in stress levels based on parents' socio-economic and educational status, there is no consensus in the literature. In some studies, socio-economic and educational statuses do not appear to influence differences in parental stress levels [12, 32, 33]. On the other hand, some studies show that parents of children with developmental disabilities with higher educational levels and better socio-economic status tend to experience higher levels of stress compared to parents with lower educational levels and worse socio-economic status [4, 34, 35]. Additionally, there are findings suggesting that parents with more lucrative and prestigious occupations experience higher levels of stress than parents in less prestigious jobs, regardless of their income [36].

When it comes to sex differences in the level of stress experienced, the results are inconsistent. Some studies suggest there are no differences in stress levels based on sex among parents of children with developmental disabilities [4, 12, 32], while others indicate that mothers experience higher levels of stress [13, 27, 33, 37]. Less common are findings indicating that fathers may experience higher levels of stress [12, 28].

Some studies show that the age of parents is a significant factor correlating with the level of parental stress. Older parents (over 40 years of age) may be more concerned with meeting the needs of their child with developmental disabilities and, as a result, experience higher levels of stress [5, 38].

The goal of this study is to examine the level of stress in parents of children with developmental disabilities and identify differences based on specific parent characteristics (sex, age, educational and employment status) and child characteristics (type of disability).

Method

Sample

The sample consisted of 122 parents of children with developmental disabilities, active members of the association of parents of children with developmental disabilities from the regions of Eastern Herzegovina and the Sarajevo-Romanija area (Foča, Višegrad, Trebinje, Bileća, Gacko, Nevesinje, Rogatica). The sample included a higher proportion of female participants (78.7%) compared to male participants (21.3%). The average age of the

participants was 46.97 years (SD = 12.04). Sociodemographic characteristics of the participants are presented in table 1.

Research Instruments

A brief sociodemographic questionnaire was used in the study to obtain information about the sex and age of the child, sex and age of the parents, their level of education, employment status, and the type of disability the child has. To assess the level of stress, the Stress Symptom Scale - 16 [39, 40] was used. This scale is a modified version of the "Measure of Strain" [41]. The five-point Likert scale was used to indicate symptoms that were typically associated with excessive environmental demands, individual's physiological and mental resources, or the overload of those resources. The participants were asked to rate how much (from "not at all" to "very much") each of the 16 symptoms from the list disturbed them during the past year. The original version of the instrument shows satisfactory internal consistency reliability ($\alpha = 0.85$). After modifications, the scale demonstrated satisfactory reliability as well ($\alpha = 0.86$, test-retest reliability = $\alpha = 0.83$). In our sample, the Cronbach's

Table 1. Sociodemographic characteristics of participants

	Sample	N	%
Parental sex	Male	26	21.3
	Female	96	78.7
Age group	Younger (<45 g)	63	51.6
	Older (≥ 45 g)	59	48.4
Employment status	Employed	41	33.6
	Unemployed	81	66.4
Parental education	Primary school	23	18.9
	Secondary school	80	65.6
	University degree	19	15.5
Type of disability in the child	Intellectual disability	23	18.8
	Hearing, speech, and voice disorders	18	14.8
	Chronic illness and physical disability	29	23.8
	Multiple disabilities	52	42.6

alpha coefficient was calculated to determine the internal consistency, showing a high level of reliability ($\alpha = 0.91$).

Research procedure

At the beginning of the research (Phase 1), contact was established with representatives from all associations of parents of children with developmental disabilities in the regions of Eastern Herzegovina and the Sarajevo-Romanija area. The goal and methodology of the research were thoroughly explained. After the representatives of the associations expressed their consent to carry out this type of research, the study proceeded to the second phase, during which data were collected about the number of parents of children with developmental disabilities. The next phase involved the distribution of the questionnaires. Each association had one designated person responsible for distributing the questionnaires to parents, contacting the researchers, and collecting the completed instruments. The instruments were sent to the researchers via mail. Out of a total of 150 distributed questionnaires, 135 were returned; however, due to missing data in some of the responses, 122 instruments were included in the final analysis. The final phase involved the analysis of the collected data.

Data processing

Statistical data analysis was performed using the SPSS (Statistical Package for the Social Sciences, version 23) software package. To assess the normality of the distribution of scores, the Kolmogorov-Smirnov test was applied, which showed that the data deviated from a normal distribution ($p < 0.001$). Therefore, to present the descriptive parameters, the median, as well as the minimum and maximum values, were used. For comparing the exam-

ined variables, the Mann-Whitney U test and the Kruskal-Wallis test were employed.

Results

After data processing, the analysis was conducted to assess the level of stress in parents of children with developmental disabilities and to determine the differences based on sociodemographic characteristics of the parents and the type of disability in the child.

The data analysis presented in figure 1 shows that the participants in our sample tend to experience relatively low levels of stress, as reflected in the median value (Mdn = 26.50). The scores obtained ranged from a minimum value of 17 to a maximum value of 67, which was significantly lower than the maximum theoretical value of 80.

The data presented in table 2 indicate that there are no statistically significant differences in the intensity of stress in parents of children with developmental disabilities based on sex, age, or employment status.

The application of the Kruskal-Wallis test revealed statistically significant differences in the intensity of stress among parents of children with developmental disabilities based on the type of disability ($p = 0.01$). Subsequent analysis using the Mann-Whitney U test and Bonferroni correction (where $p < 0.012$ is considered significant) showed the statistically significant difference in stress levels between parents of children with chronic illnesses and physical disabilities and parents of children with multiple disabilities ($p < 0.001$). Based on the median values, it is evident that parents of children with multiple disabilities experience higher levels of stress (Mdn = 33.50) compared to parents of children with chronic illnesses and physical disabilities (Table 3).

No statistically significant differences were found in the level of stress experienced by parents of children with developmental disabilities based on the educational status of the parents. This finding did not require further post-hoc testing (Table 4).

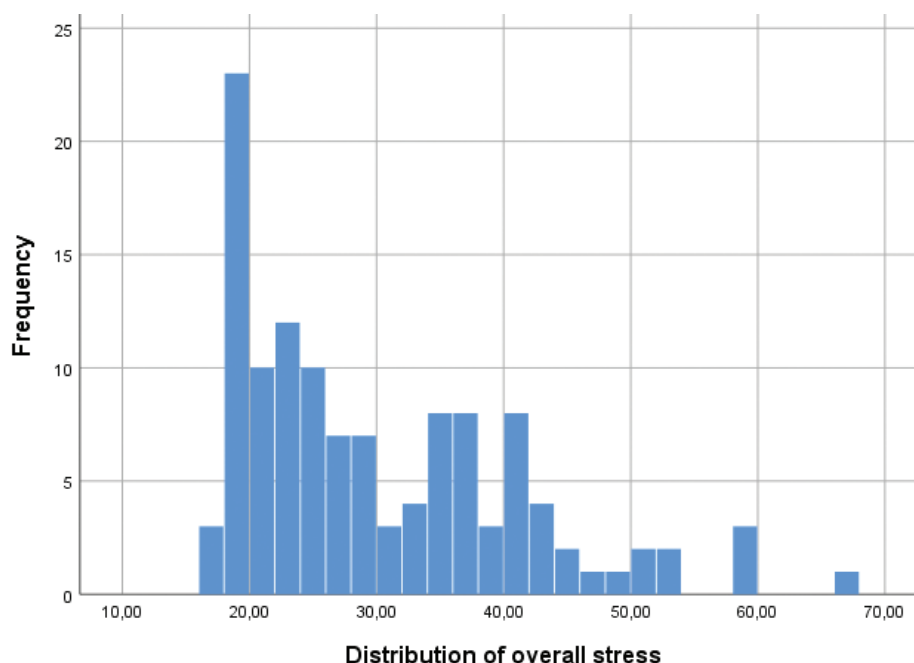


Figure 1. Distribution of overall stress in parents of children with developmental disabilities

Table 2. Differences in stress levels based on parents' sociodemographic characteristics

Socio-demographic characteristics of respondents		Mdn	Min	Max	Mann-Whitney U Test	Z	p
Sex	Male	32,00	17	67	1011,00	-1.48	0.19
	Female	25,00	17	59			
Age	Younger	25,00	17	62	1740.00	-0.61	0.54
	Older	27,00	17	58			
Employment status	Employed	28,00	17	59	1438.50	-0.79	0.43
	Unemployed	26,00	17	67			

Table 3. Differences in stress levels based on the type of disability in the child

Scale	Type of child's disability	Mdn.	Min.	Max.	Mann-Whitney U Test	ID	HSVD	CIPS
Stress Scale	ID	29.00	18	59	U			228.00
					Z			-1.95
					p			0.05
	HSVD	24.00	18	40	U	136.00		240.00
					Z	-1.87		-0.46
					p	0.06		0.64
	CIPS	21.00	17	67	U	228.00	240.00	
					Z	-1.95	-0.46	
					p	0.05	0.64	
	MD	33.50	17	58	U	552.00	312.00	456.00
					Z	-0.53	-2.10	-2.94
					p	0.60	0.04	0.003

Values of the Kruskal-Wallis rank test: $\chi^2 = 11.37$, $df = 3$, $p = 0.01$ ID = Intellectual disability, HSVD = Hearing, speech, and voice disorders, CIPS = Chronic illnesses and physical disabilities, MD = Multiple disabilities

Table 4. Differences in stress levels based on parents' educational status

Scale	Educational status	Mdn.	Min.	Max.	χ^2	df	P
Stress Scale	Primary school	29.00	18	58	2.75	2	0.25
	Secondary school	25.50	17	67			
	University degree	27.00	17	59			

Discussion

The results of this study indicated that parents of children with developmental disabilities experienced a relatively low level of stress. These findings are consistent with the results of the study by Simo and colleagues [42], which examined stress levels in parents of children with autism spectrum disorder. In that study, the majority of participants reported experiencing low levels of stress (55.6%). The authors suggested that such a finding could be due to response bias or the diversity of family responses to potentially stressful situations. Similar results were found in a Malaysian study conducted on the sample of 110 parents of children with learning difficulties. The analysis revealed that 80.9% of parents reported average to low levels of stress, compared to only 19.1% of parents who considered themselves to be under higher stress [34]. In contrast, there are many studies that report higher levels of stress in parents of children with developmental disabilities [1, 4, 5, 6, 7]. Considering this, we believe that the obtained results may be influenced by the characteristics of the participants included in the sample, such as the sample size, as well as the age and type of disability of the children. Other authors, in addition to the previously mentioned factors, also emphasize the importance of the instruments used to measure stress levels [28, 43].

The results showed that there were no statistically significant differences in the intensity of stress experienced by parents of children with developmental disabilities based on sex, age, employment status, or educational status of the participants in our sample.

The findings regarding the absence of differences in stress between mothers and fathers aligned with results from other studies [4, 12, 32]. On the other hand, these results did not support the widely held belief or empirical findings suggesting that mothers tended to experience higher levels of stress, given that they were often the primary caregivers and were generally more emotionally attached to their children than fathers [13, 27, 33, 37].

In our study, older participants tended to experience slightly higher levels of stress compared to younger participants, although those differences did not reach statistical significance. Nonetheless, we can observe a trend suggesting that older parents may experience higher levels of stress, which is often linked to greater concern about meeting the needs of the child with developmental disabilities [5, 38]. This finding aligns with results from a Spanish study, where the age of parents was not associated with stress levels in parents of children with developmental disabilities [31], which is consistent with our own findings.

Regarding the results of examining differences in stress intensity based on employment status, our findings aligned with those of a Croatian study, where the employment status of mothers was not identified as a significant predictor of perceived stress [14], as well as with other international studies [19, 31, 32].

The previously mentioned study by Croatian authors also showed that the educational status of parents was not a significant predictor of stress levels [13], which is consistent with the findings of this research. Identical results have also been obtained in other studies [31, 32].

In contrast to the results found in our study, the literature also presents findings suggesting that unemployed parents, as well as those with lower levels of education, experience higher levels of stress [44, 45]. It is believed that parents with lower levels of education are more likely to face various socio-economic difficulties, such as unemployment, financial problems, and similar challenges, all of which can contribute to increased stress levels [46].

One of the potential factors influencing the expression of stress in parents of children with developmental disabilities is the severity of the child's impairment [25]. Our results confirmed this assertion, as higher levels of stress were observed among parents of children with multiple disabilities compared to parents of children with other types of disabilities. However, the difference was statistically significant only when comparing the stress levels of these parents to those parents of children with chronic illnesses and physical disabilities. Those findings aligned with the results of a study conducted on the sample of 515 parents who had a family member with an intellectual disability. According to that study, characteristics associated with individuals with intellectual disabilities, such as the presence of co-occurring health problems and the severity of the intellectual impairment, contributed to predicting parental stress, even when other family factors were taken into account [31]. Co-occurring disabilities have also been identified as a significant predictor of parental stress in a study on children with autism spectrum disorders [45]. These results are often explained by the fact that children who require more care demand greater parental engagement, patience, and attention, which in turn reduces the time available for parents to complete their everyday activities [20, 21]. A study with somewhat different results

was conducted on the sample of 134 parents of children with physical disabilities, intellectual disabilities, and hearing impairments. The findings showed that parents of children with physical disabilities experienced the highest levels of stress, while parents of children with hearing impairments reported the lowest stress levels [1].

The main limitation of this study is the relatively small number of participants included in the sample, as well as the unevenness of the sample in relation to the type of disability in the child. In addition, we must not overlook the possibility that the participants may have been biased when providing their responses. Furthermore, the study did not address other factors that could influence parental stress, such as family support (both formal and informal), which has been identified as one of the most significant protective factors in managing stress in parents of children with developmental disabilities [47, 48, 49].

Conclusion

Parents of children with developmental disabilities exhibit a low level of stress. Parents of children with multiple disabilities represent the highest-risk group when it comes to the level of experienced stress, regardless of the parent's sex, age, employment, or educational status.

Despite the recorded low-intensity stress, we believe it is important to continue providing support to parents and work on strengthening families that have the member with developmental disabilities. Furthermore, in order to obtain new and more relevant data, future research on this topic is necessary, incorporating additional factors that may represent potential sources of stress.

Funding source. The authors received no specific funding for this work.

Ethical approval. The Ethics Committee of the University of East Sarajevo, Faculty of Medicine Foča, Republic of Srpska, Bosnia and Herzegovina, approved the study

and informed consent was obtained from all individual respondents. The research was conducted according to the Declaration of Helsinki.

Conflicts of interest. The authors declare no conflict of interest.

References:

1. Bawalsah JA. Stress and coping strategies in parents of children with physical, mental, and hearing disabilities in Jordan. *Int J Educ* 2016;8(1):1–22.
2. Cronin S, Becher E, Christians KS, Debb S. Parents and stress: Understanding experiences, context, and responses. In: Dunham T, Langworthy S, Michaels C, Olson K, Powell S, Vitcenda M, editors. *The Children's Mental Health eReview summarizes children's mental health research and implications for practice and policy*. St. Paul, MN: University of Minnesota; 2015. p. 1–16.
3. Leitch S, Sciberras E, Post B, Gerner B, Rinehart N, Nicholson JM, et al. Experience of stress in parents of children with ADHD: A qualitative study. *Int J Qual Stud Health Well-being* 2019;14(1):1690091.
4. Anuar A, Aden E, Yahya F, Ghazali NM, Chunggat NA. Stress and coping styles of parents with children with learning disabilities. *Global Business & Management Research* 2021;13(2):146–57.
5. DeLambo D, Chung W, Huang W. Stress and age: A comparison of Asian American and non-Asian American parents of children with developmental disabilities. *J Dev Phys Disabil* 2011;23:129–41.
6. Jovanova NC, Radojichikj DD. Parents of children with developmental disabilities: stress and support. *Journal of Special Education and Rehabilitation* 2013;14(1-2):7–19.
7. Silva LM, Schalock M. Autism parenting stress index: Initial psychometric evidence. *J Autism Dev Disord* 2012;42(4):566–74.
8. Baker BL, McIntyre LL, Blacher J, Crnic K, Edelbrock C, Low C. Pre-school children with and without developmental delay: Behaviour problems and parenting stress over time. *J Intellect Disabil Res* 2003;47(Pt 4-5):217–30.
9. Chakraborty B, Rao A, Shenoy R, Davda L, Suprabha BS. Stress-mediated quality of life outcomes in parents of disabled children: A case-control study. *J Indian Soc Pedod Prev Dent* 2019;37(3):237–44.
10. Dunn ME, Burbine T, Bowers CA, Tantleff-Dunn S. Moderators of stress in parents of children with autism. *Community Ment Health J* 2001;37(1):39–52.
11. Lopez V, Clifford T, Minnes P, Ouellette-Kuntz H. Parental stress and coping in families of children with and without developmental delays. *J Dev Disabl* 2008;14(2):99–104.
12. Nadeem M, Choudhary F R, Parveen A, Javaid F. Parental stress among parents of children with and without disabilities. *Pakistan Journal of Social Sciences* 2016; 36(2):1281–9.
13. Osmančević Katkić L, Lang Morović M, Kovačić E. Parenting stress and a sense of competence in mothers of children with and without developmental disabilities. *Hrvat Rev Rehabil Istraz* 2017;53(Suppl):63–76.
14. Padden C, James JE. Stress among parents of children with and without autism spectrum disorder: a comparison involving physiological indicators and parent self-reports. *J Dev Phys Disabil* 2017;29(4):567–86.
15. Peer JW, Hillman SB. Stress and resilience for parents of children with intellectual and developmental disabilities: A review of key factors and recommendations for practitioners. *J Policy Pract Intellect Disabil* 2014;11(2):92–8.
16. Miodrag N, Hodapp RM. Chronic stress and health among parents of children with intellectual and developmental disabilities. *Curr Opin Psychiatry* 2010;23(5):407–11.
17. Cramm JM, Nieboer AP. Psychological well-being of caregivers of children with intellectual disabilities: Using parental stress as a mediating factor. *J Intellect Disabil* 2011;15(2):101–13.
18. Mitchell DB, Hauser-Cram P. Early childhood predictors of mothers' and fathers' relationships with adolescents with developmental disabilities. *J Intellect Disabil Res* 2010;54(6):487–500.
19. Zhou W, Liu D, Xiong X, Xu H. Emotional problems in mothers of autistic children and their correlation with socioeconomic status and the children's core symptoms. *Medicine (Baltimore)* 2019;98(32):e16794.
20. Badu E. Experiences of parents of children with intellectual disabilities in the Ashanti Region of Ghana. *Journal of Social Inclusion* 2016;7(1):20–30.
21. Woodman AC. Trajectories of stress among parents of children with disabilities: A dyadic analysis. *Family Relations* 2014;63(1):39–54.

22. Bogdanović A, Šnele MS. Postoji li razlika u procjeni kvalitete života između roditelja djece s teškoćama u razvoju i roditelja djece bez teškoća u razvoju: metaanaliza. *Ljetopis Socijalnog Rada/ Annual of Social Work* 2018;25(2):249–71.
23. Lecavalier L, Leone S, Wiltz J. The impact of behaviour problems on caregiver stress in young people with autism spectrum disorders. *J Intellect Disabil Res* 2006;50(3):172–83.
24. Upadhyaya GR, Havalappanavar NB. Stress in parents of the mentally challenged. *Journal of the Indian Academy of Applied Psychology* 2008;34(Special Issue):53–9.
25. Dervishalija E. Parental stress in families of children with disabilities: A literature review. *Journal of educational and social research* 2013;3(7):579–84.
26. Blacher J, McIntyre LL. Syndrome specificity and behavioural disorders in young adults with intellectual disability: Cultural differences in family impact. *J Intellect Disabil Res* 2006;50(3):184–98.
27. Dabrowska A, Pisula E. Parenting stress and coping styles in mothers and fathers of pre-school children with autism and Down syndrome. *J Intellect Disabil Res* 2010;54(3):266–80.
28. Rivard M, Terroux A, Parent-Boursier C, Mercier C. Determinants of stress in parents of children with autism spectrum disorders. *J Autism Dev Disord* 2014;44(7):1609–20.
29. Theule J. Predicting parenting stress in families of children with ADHD. Doctoral dissertation. University of Toronto, 2010.
30. Gallagher S, Whiteley J. The association between stress and physical health problems in parents caring for children with intellectual disabilities is moderated by children's challenging behaviors. *J Health Psychol* 2012;18(9):1220–31.
31. Jenaro C, Flores N, Gutiérrez-Bermejo B, Vega V, Pérez C, Cruz M. Parental stress and family quality of life: Surveying family members of persons with intellectual disabilities. *Int J Environ Res Public Health* 2020;17(23):9007.
32. Dukmak SJ, Mousa A, Algharaibeh M. Child behavior problems as predictors of stress in parents of children with developmental and intellectual disabilities in four emirates of the United Arab Emirates. *J Ment Health Res Intellect Disabil* 2022;16(2):114–41.
33. Kamaruddin K, Mamat N. Stress among the parents of children with learning disabilities: A demographical analysis. *International Journal of Humanities Social Sciences and Education* 2015;2(9):194–200.
34. Dardas LA, Ahmad MM. Psychosocial correlates of parenting a child with autistic disorder. *J Nurs Res* 2014;22(3):183–91.
35. Shu BC, Lung FW, Chang YY. The mental health in mothers with autistic children: a case-control study in southern Taiwan. *Kaohsiung J Med Sci* 2000;16(6):308–14.
36. Gupta VB, Mehrotra P, Mehrotra N. Parental stress in raising a child with disabilities in India. *DCIDJ* 2012;23(2):41–52.
37. Khan S. Stress in the patients of children with physical disability. *Journal of Pakistan Psychiatric Society* 2014;79(16):36.
38. Macias MM, Saylor CF, Rowe BP, Bell NL. Age-related parenting stress differences in mothers of children with spina bifida. *Psychol Rep* 2003;93(3):1223–32.
39. Božin AA. Osjećaj koherentnosti, simptomi stresa i školski uspeh. *Humanitas* 1992;24(1-4):49–65.
40. Božin AA. Ličnost i stres. *Učiteljski fakultet u Vršcu*; 2001.
41. Kobasa SC. Commitment and copying in stress resistance among lawyers. *J Pers Soc Psychol* 1982;42:707–17.
42. Sim A, Vaz S, Cordier R, Joosten A, Parsons D, Smith C, Falkmer T. Factors associated with stress in families of children with autism spectrum disorder. *Dev Neurorehabil* 2018;21(3):155–65.
43. Kayfitz AD, Gragg MN, Orr RR. Positive experiences of mothers and fathers of children with autism. *J Appl Res Intellect Disabil* 2010;23(4):337–43.
44. Algarvio S, Leal I, Maroco J. Parental Stress Scale: Validation study with a Portuguese population of parents of children from 3 to 10 years old. *Journal of Child Health Care* 2018;22(4):563–76.
45. Krakovich TM, McGrew JH, Yu Y, Ruble LA. Stress in parents of children with autism spectrum disorder: An exploration of demands and resources. *J Autism Dev Disord* 2016;46(6):2042–53.
46. Parkes A, Sweeting H, Wight D. Parenting stress and parent support among mothers

- with high and low education. *J Fam Psychol* 2015;29(6):907-18.
47. Ekas NV, Lickenbrock DM, Whitman TL. Optimism, social support, and well-being in mothers of children with autism spectrum disorder. *J Autism Dev Disord* 2010;40:1274-84.
48. Eskow K, Pineles L, Summers JA. Exploring the effect of autism waiver services on family outcomes. *J Policy Pract Intellect Disabil* 2011;8(1):28-35.
49. Fehratović M, Dautbegović A, Tiosavljević M. Protektivni faktori mentalnog zdravlja roditelja djece sa teškoćama u razvoju. *Društvene i humanističke studije* 2021;3(16):523-42.

Stres kod roditelja djece sa smetnjama u razvoju

Andrijana Bakoč, Olivera Kalajdžić, Ranka Perućica, Ivana Zečević

Univerzitet u Istočnom Sarajevu, Medicinski fakultet Foča, Republika Srpska, Bosna i Hercegovina

Uvod. Rođenje djeteta sa smetnjama u razvoju mijenja život jedne porodice stavljajući pred nju dodatne obaveze, veću odgovornost i suočavanje sa brojnim izazovima što može dovesti do povećanja roditeljskog stresa. Cilj ovog istraživanja je ispitivanje nivoa stresa kod roditelja djece sa smetnjama u razvoju i utvrđivanje razlike u intenzitetu stresa u odnosu na pojedine karakteristike roditelja (pol, starosno doba, obrazovni i radni status) i djece (vrsta smetnje).

Metod. Uzorak su činila 122 ispitanika koji su aktivni članovi udruženja roditelja djece sa smetnjama u razvoju sa područja Istočne Hercegovine i Sarajevsko-romanijske regije. U uzorku su veći procenat činili ispitanici ženskog pola (78,72%), dok je prosječno starosno doba ispitanika iznosilo 46,97 godina (SD = 12,04). U svrhu prikupljanja podataka korišćen je sociodemografski upitnik i Skala simptoma stresa – 16.

Rezultati. Ispitanici imaju tendenciju doživljavanja relativno niskog nivoa stresa (Mdn = 26,5). Nisu dobijene statistički značajna razlike u intenzitetu stresa roditelja djece sa smetnjama u razvoju u odnosu na pol, starosno doba, radni i obrazovni status ispitanika. S druge strane, pronađena je statistički značajna razlika u nivou ispoljavanja stresa u odnosu na vrstu smetnje djeteta ($p = 0,01$), pri čemu najveći stres doživljavaju roditelji djece sa višestrukim smetnjama, a najmanji roditelji djece sa hroničnim bolestima i tjelesnim invaliditetom.

Zaključak. Rezultati ukazuju na važnost proučavanja ove problematike i u budućim istraživanjima, a sve u cilju osnaživanja porodica djece sa smetnjama u razvoju i smanjivanju roditeljskog stresa.

Ključne riječi: roditelji, stres, djeca sa smetnjama u razvoju